| 3 | 4. | Application Number | 09/510,349 02/22/00 | | |
|--|-----------|--------------------------------|-------------------------------------|--|--|
| TRANSMITT | AL | Filing Date | | | |
| FORM | | First Named Inventor | Takashi Kurimoto | | |
| | | Art Unit | 2666 | | |
| (to be used for all correspondence after initial filing) | | Examiner Name | Hom, Shick C. | | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 034620-049 | | |
| | ENCI | LOSURES (check all that apply) | | | |
| Fee Transmittal Form | ☐ Drawing | g(s) | After Allowance Communication to TC | | |
| | 1_ | ng-related Papers | Appeal Communication to Board | | |

| | ENCLOSURES (check all that apply) | | | |
|--|--|---|--|--|
| Fee Transmittal Form | ☐ Drawing(s) | After Allowance Communication to TC | | |
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| Amendment / Reply | Petition | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | | |
| After Final | Petition to Convert to a Provisional Application | Proprietary Information | | |
| Affidavits/declaration(s) | Power of Attorney, Revocation Change of Correspondence Address | Status Letter | | |
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| Certified Copy of Priority Document(s) | Remarks | | | |
| Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53 | | | | |
| SIGN | NATURE OF APPLICANT, ATTORNEY, O | R AGENT | | |
| Firm | THELEN REID & PRIEST | | | |
| Signature | an m | | | |
| Printed Name | Adrienne Yeung | | | |
| Date | 6/7/05 Reg. | 44,000 | | |
| | CERTIFICATE OF TRANSMISSION/MA | LING | | |
| I hereby certify that this corresponden Service with sufficient postage as fir Alexandria, VA 22313-1450 on the date | ce is being facsimile transmitted to the USPTC st class mail in an envelope addressed to: (s shown below. | O or deposited with the United States Postal Commissioner for Patents, P.O. Box 1450, | | |
| Signature | H (Jednoug | | | |
| Typed or printed name Ruth Rod | riquez | Date 0705 | | |

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| Effective on 12/08/2004. Sees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | Complete if Known | | |
|---|----------------------|------------------|--|
| · · · | Application Number | 09/510,349 | |
| FEE TRANSMITTAL for FY 2005 Applicant claims small entity status. See 37 CFR 1.27 | Filing Date | 02/22/00 | |
| for FY 2005 | First Named Inventor | Takashi Kurimoto | |
| ☐ Applicant claims small entity status. See 37 CFR 1.27 | Examiner Name | Hom, Shick C. | |
| | Art Unit | 2666 | |
| TOTAL AMOUNT OF PAYMENT (\$) 790 | Attorney Docket No. | 034620-049 | |

| _ | | | | | | | | |
|-------------|---|---------------|-------------------------|--|----------------------|----------------|-------------------------|--------------------|
| MI | METHOD OF PAYMENT (check all that apply) | | | | | | | |
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| \boxtimes | □ Deposit Account Deposit Account Number: 50-1698 Deposit Account Name: THELEN REID & PRIEST | | | | | | | |
| | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
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| 18/ | Under 37 RNING: Information on the | CFR 1.16 a | nd 1.17 | edit card information | on should not be inc | cluded on this | form. Provide cre | edit card |
| | ormation and authorization | | | | | | | |
| FE | E CALCULATION | | | | | | | |
| 1. | BASIC FILING, SEA | | | | | | | |
| | | FILING I | FEES Small Entity | SEARCH | FEES Small Entity | | ATION FEES Small Entity | |
| | Application Type | Fee (\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fees Paid (\$) |
| | Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| | Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| | Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| | Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| | Provisional | 200 | 100 | 0 | 0 . | 0 | 0 | |
| 2. | EXCESS CLAIM FE | ES | | | | | | Small Entity |
| | Fee Description | | | | | | <u>Fee (\$)</u> | Fee (\$) |
| | Each claim over 20 (inc | luding Reis | ssues) | ` | | | 50 200 | 25 100 |
| | Each independent claim over 30 (including Reissues) Multiple dependent claims 200 100 180 | | | | | | | |
| | Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent Claims | | | | | | | |
| <u> </u> | | | | | | Fee Paid (\$) | | |
| | HP = highest number of t | otal claims p | aid for, if greater tha | an 20. | | | | |
| | Indep. Claims | Extra C | <u> Iaims</u> <u>Fe</u> | <u>e(\$) </u> | Paid (\$) | | | |
| | 3 or HP= | | _ × _ | = | | | | |
| | HP = highest number of | | claims paid for, if gr | eater than 3. | | | | |
| 3. | 3. APPLICATION SIZE FEE | | | | | | | |
| 1 | If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 | | | | | | | |
| | sheets or fraction | thereof. Se | ee 35 U.S.C. 41(a | a)(1)(G) and 37 Cl | FR 1.16(s). | | | • |
| | <u>Total Sheets</u> | - | | er of each add | | | of Fee (\$) | Fee Paid (\$) |
| | 100 : | = | / 50 = | (round up | to a whole num | ber) x | | <u> </u> |
| 4. | OTHER FEE(S) | | | | | | | Fees Paid (\$) |
| | | | | ll entity discount) | | (D.CE) #500 | | |
| | Other (e.g., late f | iling surch | arge) : CODE 180 | 1 - Request for cor | tinued examination | (RCE) \$790 | | |
| | | _ | | | | | | |

| SUBMITTED BY | | | | |
|-------------------|----------------|--|-----------|--------------|
| Signature | MM X | Registration No. (Attorney/Agent) 44,000 | Telephone | 408-292-5800 |
| Name (Print/Type) | Adrienne Yeung | | Date 6/5 | 7/05 |

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